

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Jackson  
 Civil Dist. 5  
 on Granville  
 or  
 City (No. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405  
 Primary Registration District No. \_\_\_\_\_

File No. 392

Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Stille born

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)

6 DATE OF BIRTH Sep 29 1921  
 (Month) (Day) (Year)

7 AGE X yrs. Y mos. Y ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. X  
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Granville Tenn

10 NAME OF FATHER Willie meadow

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Maggie Mathis

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Willie meadow  
 [Address] Granville Tenn

15 Filed 9/29 21 by W. F. Maddox  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep 29 1921  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sep 29 1921 to Sep 29 1921, that I last saw h. X alive on X, 1921 and that death occurred, on the date stated above, at X M

The CAUSE OF DEATH\* was as follows:  
Still born S

Contributory (SECONDARY) \_\_\_\_\_

Signed L. R. Anderson M. D.  
9/29 1921 Address Dainesboro R. 1

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
 At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Granville R. 1 DATE OF BURIAL 9/29 21

20 UNDERTAKER Willie Lawson Pro ADDRESS Granville